

ENTRY BLANK

PLEASE TYPE OR PRINT

Entered previous May Show

☐ yes

☒ no

☐ Ms.

☒ Mr. Artist FRANKLIN J. HICKMAN

(Last Name Last)

Permanent Address 3715 ROLLISTON E. SHAFFER HS

Street

City

44120

Tel. (216) 283-4591

Zip

Area Code

Temporary or Studio Address

Street

City

Tel. ()

Zip

Area Code

If you do not presently live in one of the counties of the Western Reserve, which county were you born in? _____

Collaborator _____
(If Any)

If May Show entries are not accepted or not sold:

☒ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist C.O.D. at this address:

Special Instructions

When necessary include below instructions or a drawing of how the object is to be assembled and displayed.

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of all conditions printed in the entry information.

Signature Franklin J. Hickman

DO NOT DETACH

DO NOT DETACH

ENTRY BLANKS

1

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☒ 5. Crafts

Materials

OAK, CURLY MAPLE, CHERRY

Title

BOOKCASE

Price or NFS

NFS

Insurance Value
if NFS Only

3,000

Size

4' x 10" x 27"

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

X

REJECTED

DO NOT WRITE IN THIS SECTION

2 (m)

ACCEPTED

X

REJECTED

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Materials

Title

Price or NFS

Insurance Value
If NFS Only

Size

GRAPHICS AND PHOTOGRAPHY ONLY

Additional No.
For Sale

Total No. in Edition

Price
Unframed

Price of
Frame

ACCEPTED

DO NOT WRITE IN
THIS SECTION

ACCEPTED

RECEIVED

REJECTED

REJECTED

DATE

5/11/83

DETACH

1983 MAY SHOW

The Cleveland Museum of Art
Cleveland, Ohio 44106

F. J. HICKMAN

Name

3715 ROLLISTON RD

Address

SHAKER HTS OH 44120

City & State

Zip

This is your only receipt to claim your object(s).

NOTIFICATION #2

DO NOT
DETACH

1

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☒ 5. Crafts

Title

BOOKCASE

DO NOT WRITE IN THIS SECTION

2(m)

ACCEPTED

REJECTED

X

2

- ☐ 1. Paintings ☐ 2. Graphics ☐ 3. Photography
☐ 4. Sculpture ☐ 5. Crafts

Title

TOMAR.
3627 KIOWA DR. L
YTOWN 44511

DO NOT WRITE IN THIS SECTION

ACCEPTED

REJECTED

RETURN OF OBJECTS:
REJECTED: MAY31- JUNE 4
ACCEPTED: JULY 25-30

It is understood that the Museum will have the right to dispose
for its own account any object not called for by the dates listed.